Issue No. 2

IP Inpatient Discharges

ED Emergency Department



March 26, 2004

Race and Ethnicity

Clinics and hospitals have posed questions and concerns about collecting the race and ethnicity of their patients. This issue will address the **Why** and **How** of reporting these important data elements to OSHPD. The California Health and Safety Code has required race and ethnicity as part of inpatient discharge data since 1995. Legislation in 1998 included that requirement in the new Emergency Department (ED) and Ambulatory Surgery (AS) data programs slated to begin in the last quarter of 2004. Please refer to the Health and Safety Code, Division 107, Part 5, Chapter 1, Health Facility Data, Sections 128736 and 128737 for the legal requirements to report. Full regulation changes to Title 22 will be proposed and available for public comment mid-2004.

On this page, you will find both the <u>current</u> inpatient data format and the <u>proposed</u> format for ED and AS reports. The latter comes from the ANSI X12N 837 *Health Care Service Data Reporting Guide*, which contains national standards compatible with the 837 Health Claim transaction set identified by the Health Insurance Portability and Accountability Act (HIPAA). The full guide is available from the Washington Publishing Company.

There are many worthwhile uses of race and ethnicity data. In addition to numerous respected research studies, surveys, and articles seen in newspapers and periodicals across the country, we have listed a few recent requests for hospital inpatient discharge data. In California, as across the United States, these studies detail significant disparities along racial and ethnic lines in basic health status, in access to healthcare, in the delivery of healthcare, and in the outcomes of healthcare. OSHPD and other public health entities are dedicated to reducing these disparities by collecting, analyzing, and making high quality data available to the public.

Your work in capturing these data will lead to improvements in healthcare for all Californians. As with any data that might potentially identify individual patients, comprehensive OSHPD procedures are in place to protect patients' confidentiality and data security.

Lastly, we have permission from an Ambulatory Surgery Center to share an excerpt from an actual form used to collect race and ethnicity data.



Race/Ethnicity will be required for Inpatient, ED and AS data reporting. The definitions and values are not the same, as displayed below:

INPATIENT Reporting

Ethnicity

1 = Hispanic

2 = Non-Hispanic

3 = Unknown

Race

1 = White

2 = Black

3 = Native American/Eskimo/Aleutian

4 = Asian/Pacific Islander

5 = Other

6 = Unknown

ED and AS Reporting

Ethnicity

E1 = Hispanic or Latino

E2 = Non-Hispanic or Non-Latino

99 = Unknown

Race

R1 = American Indian

R2 = Asian

R3 = Black or African American

R4 = Native Hawaiian or Pacific Islander

R5 = White

R9 = Other Race

99 = Unknown



Continued

Recent Uses of Race/Ethnicity Data

Because of California's diverse population, it has become increasingly important for researchers and policymakers to include race and ethnicity data in some of their studies. Below are some examples:

- To compute asthma hospitalization rates.
- To examine the distribution of specific services in California (e.g., obstetrics, surgery) and how it impacts local healthcare organizations.
- To understand community needs and help ensure uniform provision of healthcare services.
- To identify the differences in healthcare utilization for certain illnesses.
- To identify disparities by comprehensive analysis of health status, provider distribution and health service utilization.
- To check for differences on Californians' access to care and use of services, under Medicare coverage.



Confidentiality: OSHPD follows strict policies and procedures that ensure a patient's personal information remains secure. Patient identifiers that could be linked to an individual such as Race/Ethnicity, Date of Birth, and ZIP Code are aggregated and/or encrypted to protect patient confidentiality. For example, Date of Birth information is converted into a set of age groups. Patient identifying information is protected in the public data set.

Important Announcement! With the addition of our new outpatient data collection programs, we could no longer remain as the Patient *Discharge* Data Section. We are now officially the Patient Data Section (PDS).

Contact Us: For questions or comments, please contact us by using any of the methods shown in the upper right-hand corner of the front page.

CHIA 2004 Convention: Visit OSHPD representatives in the exhibit hall at the California Health Information Association (**CHIA**) annual convention June 14-16 in Rancho Mirage, California. A Patient Data Section representative will be speaking at the vendors' showcase on the 15th at 3pm. For more information about CHIA and the conference, visit their web site at:

http://www.californiahia.org/control.cfm

Next Issue: Tour MIRCal

Below is a sample patient registration form that collects Race and Ethnicity for ED and AS patients. Example excerpt was provided by Visalia Center for Ambulatory Medicine and Surgery. For an example of an Inpatient Race and Ethnicity form, visit the MIRCal web site, click on MIRCal Resources: Forms.

PATIENT INFORMATION		
(Please print) PATIENT'S NAME	ARE YC	DU A STUDENT? YESNO
ADDRESS	CITY	STZIP
HOME PHONE	_WORKPHONE	CELLPHONE
SS#	AGESEXDATE OF B	RTH
SPOUSE/PARENT NAME	E-MAIL ADDR	ESS
PATIENT/RESPONSIBLE PARTY'S EMPL	OYER	PHONE #
ADDRESS	CITY	STZIP
EMERGENCY CONTACT	RE	LATIONSHIP
CONTACTS HOME PHONE	WORK PHONE	CELL PHONE
*Race: (circle one) R1 American Indian; R2 Asian; R3 Black/African American; R4 Hawaiian/Pacific Islander; R5 White; R9 Other *Ethnicity: (circle one) E1 Hispanic/Latino; E2 Non Hispanic/Non Latino		

^{*} OSHPD will allow for reporting Unknown Race and Unknown Ethnicity